

FORM U-4

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

If there is an amendment to this page, complete only Items 1, 2, 3, 4 and Items being amended.

① LAST NAME Callan		JR./SR. etc.		FIRST NAME Trevor		MIDDLE NAME (SPECIFY IF NONE) Michael		② APPLICANT'S CRD #						
③ FIRM CRD # 007691		④ FIRM NAME (Do not include this employment under item 19, page 2) MERRILL LYNCH, PIERCE, FENNER & SMITH INC.												
FIRM NFA # 0001062		⑤ APPLICANT'S NFA # N/A												
⑥ FIRM MAIN ADDRESS		STREET		CITY		STATE		ZIP						
WORLD FINANCIAL CENTER		250 VESEY		NEW YORK		NY		10281						
⑦ BRANCH I.D. #		OFFICE OF EMPLOYMENT ADDRESS		STREET		CITY		STATE						
050231		7825 Fay Avenue		La Jolla		Ca		92037						
⑧ Will applicant maintain registration with another Broker-Dealer not under common ownership or control with the firm named in Item 4 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", list in item 19)														
If "Yes", has/have the firm(s) been contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No														
⑨ Will applicant maintain multiple registrations with Broker-Dealers under common ownership or control with the firm named in Item 4 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", fill in information below:														
Firm CRD #		Name of Firm												
Firm CRD #		Name of Firm												
Firm CRD #		Name of Firm												
⑩ TO BE REGISTERED WITH THE FOLLOWING:														
S R O J U R I S D I C T I O N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	ASE	BSE	CBOE	CSE	MSE	NASD	NFA	NYSE	PHLX	PSE	OTHER (Specify)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	PR		
All Jurisdictions. (Check In Lieu Of Each Individual Box).														
⑪ TYPE OF EXAMINATION/REGISTRATION REQUESTED (check all applicable categories)														
<input type="checkbox"/>	S-3 Commodity Futures Examination									<input type="checkbox"/>	S-39 (DP) Direct Participation Program Principal			
<input type="checkbox"/>	S-4 (OP) Registered Options Principal									<input type="checkbox"/>	S-42 (OR) Options Representative			
<input type="checkbox"/>	S-5 Interest Rate Options Examination									<input type="checkbox"/>	S-52 (MR) Municipal Securities Representative			
<input type="checkbox"/>	S-6 (IR) Investment Company and Variable Contracts Products Representative									<input type="checkbox"/>	S-53 (MP) Municipal Securities Principal			
<input checked="" type="checkbox"/>	S-7 (GS) Full Registration/General Securities Representative									<input type="checkbox"/>	S-62 (CS) Corporate Securities Representative			
<input type="checkbox"/>	S-7 (TR) Securities Trader (NYSE)									<input checked="" type="checkbox"/>	S-63 Uniform Securities Agent State Law Examination			
<input type="checkbox"/>	S-7 (TS) Trading Supervisor (NYSE)									<input type="checkbox"/>	S-65 Uniform Investment Advisor Law Examination			
<input type="checkbox"/>	S-8 (SU) General Securities Sales Supervisor									<input checked="" type="checkbox"/>	(AG) Agent			
<input type="checkbox"/>	S-8 (BM) Branch Office Manager (NYSE)									<input type="checkbox"/>	(RG) Government Securities Representative			
<input type="checkbox"/>	S-11 (AR) Assistant Representative/Order Processing									<input type="checkbox"/>	(PG) Government Securities Principal			
<input type="checkbox"/>	S-15 (FC) Foreign Currency Options									<input type="checkbox"/>	(ME) Member Exchange (NYSE)			
<input type="checkbox"/>	S-16 (SA) Supervisory Analyst									<input type="checkbox"/>	(LE) Securities Lending Representative (NYSE)			
<input type="checkbox"/>	S-22 (DR) Direct Participation Program Representative									<input type="checkbox"/>	(LS) Securities Lending Supervisor (NYSE)			
<input type="checkbox"/>	S-24 (GP) General Securities Principal									<input type="checkbox"/>	(AM) Allied Member (NYSE)			
<input type="checkbox"/>	S-26 (IP) Investment Company and Variable Contracts Products Principal									<input type="checkbox"/>	(AP) Approved Person (NYSE)			
<input type="checkbox"/>	S-27 (FN) Financial and Operations Principal									<input type="checkbox"/>	(AI) Agent of the Issuer			
<input type="checkbox"/>	S-28 (FI) Introducing Broker-Dealer/Financial and Operations Principal									<input type="checkbox"/>	Reschedule Exam Series			
<input type="checkbox"/>										<input type="checkbox"/>	Other			
THIS PORTION MUST BE COMPLETED FOR ALL PARTIAL (TRANSFER OR RE-REGISTRATION) FILINGS														
⑫ APPLICANT'S CURRENT ADDRESS: [REDACTED]										FROM MONTH		YEAR		
										02		94		
FIRM(S) APPLICANT IS TRANSFERRING FROM: Smith Barney Shearson										TERMINATION DATE: (Mo/Day/Yr.) 09/03/93				
<input type="checkbox"/> CHECK IF THIS U-4 IS BEING FILED TO MAKE PERMANENT A TEMPORARY REGISTRATION (TAT).														
The appropriate signatory area DOES NOT have to be completed UNLESS this page is being submitted as an amendment.														
MONTH DAY YEAR										SIGNATURE OF APPROPRIATE SIGNATORY				
TYPE OR PRINT NAME OF APPROPRIATE SIGNATORY										CRD USE ONLY				

(21) FIRM CRD # 007691	FIRM NFA # 0001062	SOCIAL SECURITY # [REDACTED]	APPLICANT'S CRD # [REDACTED]	APPLICANT'S NFA # N/A
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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES" AND YOU CANNOT UTILIZE THE CERTIFICATION IN ITEM 220 BELOW, ATTACH COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON DRP(S)

22 DEFINITIONS

- Charged** — Accused of a crime in a formal complaint, information, or indictment.
- Investment or Investment-Related** — Pertaining to securities, commodities, banking, insurance, or real estate (including, but not limited to acting as or being associated with a broker-dealer, investment company, investment adviser, futures sponsor, bank, or savings and loan association).
- Involved** — Doing an act or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act.
- Foreign Financial Regulatory Authority** — includes (A) a foreign securities authority; (B) other governmental body or foreign equivalent of a self-regulatory organization empowered by a foreign government to administer or enforce its laws relating to the regulation of investment or investment-related activities; or (C) membership organization, a function of which is to regulate the participation of its members in the activities listed above.

	YES	NO	
22A. Have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic or foreign court to:			
(1) a felony or misdemeanor involving: investments or an investment-related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
(2) gambling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
(3) any other felony?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3
B. Have you, or an organization over which you exercised management or policy control, ever been charged with any felony or charged with a misdemeanor specified in question A(1) or (2) in a domestic or foreign court?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4
C. Has any domestic or foreign court ever:			
(1) enjoined you in connection with any investment-related activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
(2) found that you were involved in a violation of investment-related statutes or regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6
D. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:			
(1) found you to have made a false statement or omission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7
(2) found you to have been involved in a violation of investment-related regulations or statutes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8
(3) found you to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9
(4) entered an order denying, suspending or revoking your registration or disciplined you by restricting your activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10
(5) imposed a civil money penalty on you, or ordered you to cease and desist from any activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10A
E. Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:			
(1) found you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11
(2) found you to have been involved in a violation of investment regulations or statutes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12
(3) found you to have been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13
(4) entered an order against you in connection with investment-related activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14
(5) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with an investment-related business, or disciplined you by restricting your activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15
(6) revoked or suspended your license as an attorney, accountant or federal contractor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16
F. Has any self-regulatory organization or commodities exchange:			
(1) found you to have made a false statement or omission?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17
(2) found you to have been involved in a violation of its rules?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18
(3) found you to have been the cause of an investment-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19
(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20
G. Has any foreign government ever entered an order against you related to investments or fraud, other than as reported in Items 22A, B, C or E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21
H. Have you ever been the subject of an investment-related, consumer-initiated complaint or proceeding that:			
(1) alleged compensatory damages of \$10,000 or more, fraud, or wrongful taking of property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22
(2) was settled or decided against you for \$5,000 or more, or found fraud or the wrongful taking of property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23
I. Are you now the subject of any complaint, investigation, or proceeding that could result in a "yes" answer to parts A-H of this item?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24
J. Has a bonding company denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25
K. Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26
L. Have you or a firm that you exercised management or policy control over, or owned 10% or more of the securities of, failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27
M. Has a broker or dealer firm that you exercised management or policy control over, or owned 10% or more of the securities of, been declared bankrupt, had a trustee appointed under the Securities Investor Protection Act, or had a direct payment procedure initiated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28
N. Have you been discharged or permitted to resign because you were accused of:			
(1) violating investment-related statutes, regulations, rules, or industry standards of conduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29
(2) fraud or the wrongful taking of property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30
(3) failure to supervise in connection with investment-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31

DISCLOSURE CERTIFICATION (OPTIONAL)

You may only certify to the accuracy and completeness of the disclosure information in your file if it has been fully provided in DRP format. If DRP(s) are not on file, do not answer these certification boxes. Provide full details of all matters on DRP(s). All appropriate questions in item 22 must be answered, regardless of whether the certification is being utilized. Refer to the instructions on the inside cover of the Form U-4 for additional information on the utilization of the certification language.

O. I have reviewed a copy of my disclosure file taken from the CRD system. I acknowledge that all information contained therein is fully disclosed, accurate and in DRP format. I further certify the following:	1. I have no new information to add to my disclosure file. 1. <input type="checkbox"/> 32 2. I have new information to add to my disclosure file which is reported on the attached DRP(s). ... 2. <input type="checkbox"/> 33 3. I have updated information, reported on the attached DRP(s), which was previously reported and contained in Occurrence 3. <input type="checkbox"/> 34
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The applicant and appropriate signatory area **DOES NOT** have to be completed **UNLESS** this page is being submitted as an amendment.

02 24 94
 MONTH DAY YEAR SIGNATURE OF APPLICANT
 TYPE OR PRINT NAME OF APPLICANT: Trevor Callan

 MONTH DAY YEAR SIGNATURE OF APPROPRIATE SIGNATORY
 TYPE OR PRINT NAME OF APPROPRIATE SIGNATORY: _____

CRD USE ONLY

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

If there is an amendment to this page, complete only Item 23 and Items being amended.

23 FIRM CRD #	007691	SOCIAL SECURITY #	APPLICANT'S CRD #	2280106
FIRM NFA #	0001062		APPLICANT'S NFA #	N/A

THE APPLICANT MUST READ THE FOLLOWING VERY CAREFULLY

- I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
- I apply for registration with the jurisdictions and organizations indicated in Item 10 as may be amended from time to time and, in consideration of the jurisdictions and organizations receiving and considering my application, I submit to the authority of the jurisdictions and organizations and agree to comply with all provisions, conditions and covenants of the statutes, constitutions, certificates of incorporation, by-laws and rules and regulations of the jurisdictions and organizations as they are or may be adopted, or amended from time to time. I further agree to be subject to and comply with all requirements, rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by the jurisdictions and organizations, subject to right of appeal or review as provided by law.
- I agree that neither the jurisdictions or organizations nor any person acting on their behalf shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates of incorporation, by-laws or the rules and regulations of the jurisdictions and organizations.
- I authorize the jurisdictions and organizations to give any information they may have concerning me to any employer or prospective employer, any federal, state or municipal agency, or any other organization and I release the jurisdictions and organizations and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I agree to arbitrate any dispute, claim or controversy that may arise between me and my firm, or a customer, or any other person, that is required to be arbitrated under the rules, constitutions, or by-laws of the organizations indicated in Item 10 as may be amended from time to time and that any arbitration award rendered against me may be entered as a judgement in any court of competent jurisdiction.
- For the purpose of complying with the laws relating to the offer or sale of securities or commodities in the jurisdictions indicated in Item 10 as may be amended from time to time, I irrevocably appoint the administrator of each of those jurisdictions, or such other person designated by law, and the successors in such office, my attorney upon whom may be served any notice, process or pleading in any action or proceeding against me arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the laws of the jurisdictions. I consent that any such action or proceeding against me may be commenced in any court of competent jurisdiction and proper venue by service of process upon the appointee as if I were a resident of, and had been lawfully served with process in, the jurisdiction. I request that a copy of any notice, process or pleading served hereunder be mailed to my current residential address as reflected in this form or any amendment thereto.
- I consent that notice of any investigation or proceeding by any self-regulatory organization against applicant may be given by personal service or by regular, registered or certified mail or confirmed telegram to applicant at his/her most recent business or home address as reflected in this Form U-4, or any amendment thereto, or by leaving notice of the investigation or proceeding at such address.
- I authorize all of my employers and any other person to furnish to any jurisdiction or organization or any agent acting on its behalf, any information they have, including my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on the Uniform Termination Notice for Securities Industry Registration (Form U-5). I recognize that I may be the subject of an investigative consumer report ordered by the jurisdictions, or organizations with which this application is being filed, and waive any requirement of notification with respect to any investigative consumer report ordered by any such jurisdiction or organization. I understand that I have the right to request complete and accurate disclosure by the jurisdiction or organization of the nature and scope of the requested investigative consumer report.
- I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Items 4 and 9 of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.
- If I have become temporarily registered as an agent, I acknowledge that this application for registration with the jurisdictions and organizations indicated in Item 10 is separate and distinct from any temporary registration already obtained with the jurisdictions and organizations. I further understand that my registration may be denied, suspended or revoked under the laws, regulations or rules of the jurisdictions and organizations.

4 26 94
Month Day Year

Trevor Callan
SIGNATURE OF APPLICANT

TREVOR M. CALLAN

TYPE OR PRINT NAME OF APPLICANT

THE FIRM MUST COMPLETE THE FOLLOWING

To the best of my knowledge and belief, the applicant is currently bonded where required, and, at the time of approval, will be familiar with the statute(s), constitution(s), rules and by-laws of the agency, jurisdiction or self-regulatory organization with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, jurisdiction or organization which hereby is requested, I will not employ the applicant in the capacity stated herein without first receiving the approval of any authority which may be required by law. This firm has communicated with all of the applicant's previous employers for the past three years.

EMPLOYER	NAME OF PERSON CONTACTED	POSITION OF PERSON CONTACTED	EMPLOYED		HOW CONTACTED		
			FROM	TO	PHONE	LETTER	INTERVIEW
SMITH BARNEY SHEARSON	JUDY GEORGE 619 456-4900	H.R./ADMIN	01/92	09/93	X	U-5	

IN ADDITION, I HAVE TAKEN APPROPRIATE STEPS TO VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND WITH THIS APPLICATION.

THE APPROPRIATE SIGNATORY AREA MUST BE COMPLETED ON ALL INITIAL, TRANSFER OR AMENDMENT FILINGS.

4 26 94
MONTH DAY YEAR

James E. Tenuto
SIGNATURE OF APPROPRIATE SIGNATORY

JAMES E. TENUTO, RVP

TYPE OR PRINT NAME OF APPROPRIATE SIGNATORY

CRD USE ONLY

FORM U-5
UNIFORM TERMINATION NOTICE FOR SECURITIES INDUSTRY REGISTRATION
Only items 13-15 may be amended. To amend, complete only items 1-4 and the item(s) being amended.

1 LAST NAME CALLAN		JR./SR. etc.		FIRST NAME TREVOR		MIDDLE NAME (SPECIFY IF NONE) MICHAEL		2 CRD # 2280106	
								NFA #	
								SOC. SEC.	
3 FIRM NAME SMITH BARNEY SHEARSON INC.								4 FIRM CRD # 07059	
								FIRM NFA # 0002026	
5 FIRM MAIN ADDRESS 1345 AVENUE OF THE AMERICAS				STREET		CITY NEW YORK		STATE NY	
								ZIP 10105	
6 BRANCH I.D. # 00532		7 OFFICE OF EMPLOYMENT ADDRESS 7979 IVANHOE AVENUE 3RD FL., LA JOLLA, CA. 92037							
		STREET							
		CITY							
		STATE							
		ZIP							

8 If this is a multiple termination with one or more firms under common ownership or control with the firm named in item 3 above, list all firm CRD numbers and the firm name(s).

Firm CRD # _____	Name of Firm _____
Firm CRD # _____	Name of Firm _____
Firm CRD # _____	Name of Firm _____

9 CHECK ONE: ☒ Full Termination (skip item 10) ☐ Partial Termination (If partial termination, check appropriate box(es) in item 10)

10 TO BE TERMINATED WITH THE FOLLOWING:

<input type="checkbox"/> ASE	<input type="checkbox"/> BSE	<input type="checkbox"/> CBOE	<input type="checkbox"/> CSE	<input type="checkbox"/> MSE	<input type="checkbox"/> NASD	<input type="checkbox"/> NFA	<input type="checkbox"/> NYSE	<input type="checkbox"/> PHLX	<input type="checkbox"/> PSE	<input type="checkbox"/> OTHER (Specify) _____
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<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DC	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> IA
<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS
<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY	<input type="checkbox"/> PR

11 DATE TERMINATED 9/3/93 (Complete date of termination is required for full or partial termination.)
 (Month / Day / Year)

12 REASON FOR TERMINATION: (Check one)
☒ Voluntary ☐ Deceased ☐ Permitted to Resign ☐ Discharged ☐ Other
 * Provide an Explanation _____

13 WHILE EMPLOYED BY OR ASSOCIATED WITH YOUR FIRM, WAS THE INDIVIDUAL:

A. involved in any disciplinary action by a domestic or foreign governmental body or self-regulatory organization with jurisdiction over investment-related business?	Yes	No
B. the subject of an investment-related, consumer-initiated complaint that:		
(1) alleged compensatory damages of \$10,000 or more, fraud, or the wrongful taking of property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1
(2) was settled or decided against the individual for \$5,000 or more, or found fraud, or the wrongful taking of property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2
C. convicted of, or plead guilty or nolo contendere ("no contest") in a domestic or foreign court to:		
(1) a felony or misdemeanor involving: investments or an investment-related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting, or extortion, or gambling?	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4
(2) any other felony?	<input type="checkbox"/>	<input checked="" type="checkbox"/> 5
14 Currently is, or at termination was, the individual involved in an investigation or proceeding by a domestic or foreign governmental body or self-regulatory organization with jurisdiction over investment-related businesses?	<input type="checkbox"/>	<input checked="" type="checkbox"/> 6
15 Currently is, or at termination was, the individual under internal review for fraud or wrongful taking of property, or violating investment-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7

DISCLOSURE CERTIFICATION (OPTIONAL)

You may only certify to the accuracy and completeness of the disclosure information in the individual's file if it has been fully provided in DRP format. If DRP(s) are not on file, do not answer these certification boxes. Provide full details of all matters on DRP-5(s). All appropriate questions in items 13-15 above must be answered, regardless of whether the certification is being utilized. Refer to the instructions on the inside cover of the form U-5 for additional information on the utilization of the certification language.

16 This is to certify that details relating to the above answers to items 13-15 have been previously reported on amendments to Form U-4 filed on behalf of this individual. Updated information will be provided, if needed, as it becomes available to the firm. This is to further certify the following:

A. There is no additional information to be reported at this time	<input type="checkbox"/> 8
B. There is additional information to disclose which is reported on the attached DRP-5(s)	<input type="checkbox"/> 9
C. There is updated information, reported on the attached DRP-5(s), relating to disclosures previously reported and contained in Occurrence	<input type="checkbox"/> 10

I VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND WITH THIS FORM

SEP 20 1993
 MONTH DAY YEAR

SIGNATURE OF APPROPRIATE SIGNATORY

RICHARD IZZO - FIRST V.P., ASST. SECY

TYPE NAME OF APPROPRIATE SIGNATORY

SAME AS ABOVE

PERSON TO CONTACT FOR FURTHER INFORMATION

(212) 464-7717

ELECTRONIC FILING

FORM U-4

UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER
If there is an amendment to this page, complete only Items 13, 14 and the Items being amended.

13 FIRM CRD #	007691	SOCIAL SECURITY #	[REDACTED]	APPLICANT'S CRD #	
FIRM NFA #	0001062			APPLICANT'S NFA #	N/A

PERSONAL DATA					
14 LAST NAME	JR./SR., etc.	FIRST NAME	MIDDLE NAME	15 OTHER NAMES KNOWN BY	
Callan		Trevor	Michael		
16 DATE OF BIRTH (Month, Day, Year)	17 SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
[REDACTED]-71	M	5'9"	160	BR	Hazel

RESIDENTIAL HISTORY					
18 GIVE ALL ADDRESSES FOR THE PAST FIVE YEARS, STARTING WITH CURRENT ADDRESS.					
STREET	CITY	STATE	ZIP	FROM MONTH	TO MONTH
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

EMPLOYMENT AND PERSONAL HISTORY					
19 ACCOUNT FOR ALL TIME FOR THE PAST TEN YEARS. Give all employment experience starting with your previous employer and working back ten years. Include full and part-time work, self-employment, military service, unemployment and full-time education. (If this page is being filed as part of a Form BD, start with your present employer instead.)					
NAME	CITY	STATE	FROM MONTH	TO MONTH	POSITION HELD
Smith Barney Shearson	La Jolla	Ca	01	01	Broker Assistant
Presto	La Jolla	Ca	06	02	Waiter
San Diego State University			12	09	Student
Doubletree Hotel	San Diego	Ca	06	09	Waiter
San Diego State University			07	09	Student
Nordstrom	Santa Anna	Ca	07	09	Sales
San Diego State University			07	09	Student
Canyon High	Anaheim	Ca	08	08	Student
El Rancho Junior High	Anaheim	Ca	08	08	Student
Imperial Elementary	Anaheim	Ca	08	08	Student
NAME	CITY	STATE	FROM MONTH	TO MONTH	POSITION HELD
NAME	CITY	STATE	FROM MONTH	TO MONTH	POSITION HELD

20 Are you currently engaged in any other business (not shown above) either as a proprietor, partner, officer, director, trustee, employee, agent or otherwise?
<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please explain below:

The appropriate signatory area DOES NOT have to be completed UNLESS this page is being submitted as an amendment.	
MONTH DAY YEAR	SIGNATURE OF APPROPRIATE SIGNATORY
TYPE OR PRINT NAME OF APPROPRIATE SIGNATORY	
CRD USE ONLY	